

phritis, a condition that has always been purely a medical lesion. Gynecology offers not a few problems for the physician to fight out with the specialist, and the sacred precincts of the lungs, even, have been invaded; and the emptying of tuberculous abscesses, as well as the amputation of tuberculous apices, have shown that the surgeon is ready to discuss these hitherto purely medical matters with the physician.

These few illustrations are offered, though they may not be necessary; but the question may at once be asked, who is going to decide these matters finally? It will be granted that the patients cannot be judges. It will be granted, also, that surgeons are not going on doing any particular operation from which they do not get the desired therapeutic result. But it is not difficult to imagine cases in which an occasional seeming success may bias the surgeon's ideas, or cases in which a definite but temporary benefit may give the surgeon an optimistic view point which may not be fully warranted by the final results. It is easy, too, to think of the final results not being always known to the surgeon, the patient keeping in touch with the surgeon only so long as his benefit lasted, and turning to others, the physicians, when his relapse came. Of course if a surgeon is keeping special watch of his patients for the purpose of creating personal statistics to check off his work for his own interest, he is wholly outside the category to which reference is made. The number of these men, however, is comparatively small everywhere, and there is a large number who are guided by the most recent announcements in surgical publications, and who base their operations on the dicta of others and lose sight of failures very readily.

What, however, becomes of the patient? It is his inherent impulse to search further for the help that has failed him, and he naturally turns back to the physician. There has been no use of the imagination in these statements. The experience of every surgeon and of every physician has proven the facts again and again, and the physician, under the circumstances, naturally becomes the judge of the surgical procedure.

The question has not, however, only one side. The surgeon is not at all infrequently called to sit in judgment on the work of the physician, and this fact counts all the time for the good of the patient; for two sets of men, looking at one question from two distinct points of view and each considering, from his own point of view, the work of the other, cannot fail to get a better composite idea than could either alone. The laity appreciate this, and often ask that a surgeon or physician be called in consultation; and the medical profession appreciates it, for it is constantly providing meetings of physicians and surgeons where each may

discuss the other's methods. All this is very trite but it leads up to the assertion, which was the idea prompting what has been written, that the final judges of the success of a given surgical procedure may often be the physicians.

THE PUBLICATION COMMITTEE.

All the members of the Publication Committee attended a regularly called meeting of that committee on the evening of August 24th, at the office of the JOURNAL. Many matters of considerable importance were brought up and discussed, and at the close of the meeting the editor was requested to prepare an abstract of the various business transacted, for the editorial columns of the present issue. In addition to a very careful consideration of the cost of publication, etc., the following matters were considered and acted upon:

The request had been presented from several manufacturers and advertisers to publish "reading notices"; on motion it was unanimously decided that no reading notices of any sort should be published in the JOURNAL. The advertising pages are for the use of proper concerns in which to make proper statements; advertising matter in the disguised form of "reading notices" cannot be run in the columns of reading matter.

Certain advertisements that had been sent in with a request for space were considered very carefully, and rejected, as not being such as the JOURNAL could properly recommend.

On motion it was unanimously decided to not publish any papers read at the last meeting of the State Society which had been published in some other periodical prior to their publication in this JOURNAL. It was decided that if authors of papers desired to have them printed elsewhere, they should communicate with the JOURNAL, to the end that simultaneous publication in the two periodicals might be arranged for. Several papers were rejected for this reason.

A new department, in which matter relating to both medicine and pharmacy could be published, and in which questions of interest to both physician and pharmacist might be considered, was authorized; the department is to be known as the Department of Materia Medica, Therapeutics and Pharmacy.

The editorial matter and leading articles for the present number were considered and approved.

It was unanimously agreed that the Publication Committee should meet regularly on the evening of the first Monday of each month, for the purpose of considering the makeup of the next succeeding issue.

The Publication Committee then adjourned to meet at 8:30 p. m., September 7th.